BEST AVAILABLE COPY

	PATENT APPLICATION FEE DETERMINATION RECORD										Application or Docket Number			
Effective October 1, 2004									10	167	9416			
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							MALL YPE	ENTITY	Ol		R THAN L ENTITY		
	TOTAL CLAIN	IS	-					RATE	FEE	_	RATE	FEE		
	FOR		NUMB	NUMBER FILED		NUMBER EXTRA		ASIC F		_	BASIC FE			
	TOTAL CHARG	EABLE CLAIMS		minus 20=		•		X\$ 9=		OF	7010	7 10,00		
In	NDEPENDENT	CLAIMS		minus 3 =				X44=		7	vied-	 		
	IULTIPLE DEPI	ENDENT CLAIM	PRESENT					<u>-</u> -		OF				
	If the difference	e in column 1	zero, enter	enter "0" in column 2			+/50=		OF	+300=				
	•									OF	TOTAL			
_	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3							MALI	- ENTITY	OR		R THAN ENTITY		
AMENDMENT A	10-21-04	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY OR	PRESENT EXTRA	F	RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE		
Š	Total	<u>• 16</u>	Minus		<u>W</u>	=	×	(\$ 9=		OR	X\$18=			
₩ ¥	Independent	ENTATION OF A	Minus			1	. ×	44=		ÓR	×18%=			
╟	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							- <u>'</u> -	 	7				
								50 =	-	OR	+300=			
	(Column 1) (Column 2) (Column 3)							IT. FEE		JOR"	ADDIT. FEE			
_	. CLAIMS HIGHES					(Column 3)			4001	- :				
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	JSLY	PRESENT EXTRA	R.	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total ·	•	Minus	**		Ε .	X	§ 9=		OR	X\$18=			
AME	Independent	*	Minus	***		s	X	₩=	i	1 1	x 88=			
ت	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	OR				
								5U=	· .	OR	+300=			
										OR	TOTAL DOIT, FEE			
_		(Column 1) CLAIMS	(Column 3)		•									
ع د	•	REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL		
	Total	•	Minus	••		= .	X\$	9=	166		X\$18=	FEE		
	Independent	•	Minus	***		=				OR				
	FIRST PRESE	NTATION OF MI	ILTIPLE DEI	TPLE DEPENDENT CL			X4	m = 1		OR	×.88:			
- H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								·	OR	+.300=			
	the Highest Nun	nber Previously Pa nber Previously Pa per Previously Pak	id For IN THI id For IN THI	S SPACE IS IC: S SPACE IS IC	ss than	20, enter *20.*	ADDIT.		ropriate box	OR AL	TOTAL DOTT. FEEL			